



Practitioner's Docket No. D-1204

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Jon Washington, et al.**)

Serial No.: **10/750,571**)

Confirmation No.: **5741**)

Filed: **December 30, 2003**

Title: **ATM Currency Cassette
Arrangement**

*Fee
only*

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

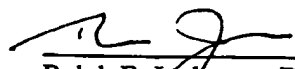
INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with the obligations imposed by 37 C.F.R. Section 1.56, Applicants wish to bring to the attention of the Examiner the following documents listed on Form PTO/SB/08 (substituted for Form PTO-1449) submitted herewith.

The electronic image search notes indicate that class/subclass 235/379 was searched. Since each of the references issued in 235/379, it is respectfully submitted that they were already fully considered by the Examiner. The citation of these references shall not constitute an admission that these items constitute prior art or are material to the present invention.

If necessary, the Commissioner is authorized to charge \$180 pursuant to 1.17(p) and any other IDS fee due to Deposit Account 09-0428.



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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10750571

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	1-1105	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	39	Minus ** 44 = -
Independent	*	4	Minus *** 6 = -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus ** =
Independent	*		Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus ** =
Independent	*		Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X\$25=		OR	X\$50=	
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL		OR	TOTAL	

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=		OR	X\$50=	
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=		OR	X\$50=	
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=		OR	X\$50=	
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.